FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	(See instruction	_		
	·	<u>'</u>	Office use only	
NAME OF COMMITTEE (in fi	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5	
Wicker Mississ	ippi Victory Committee			لـــــا
ADDRESS (number and st	reet) 825 N President			
(Check if addre	ss			لـــــا
is changed)	Jackson		MS 39202 _	لــــا
COMMITTEE'S E-MAIL	ADDDECC	CITY▲	STATE▲ ZIP CODE ₄	
	edermangroup.com			1
				шЩ
COMMITTEE'S WEB F	PAGE ADDRESS (URL)			
				لــــــا
				لــــا
COMMITTEE'S FAX NI 6016087906	UMBER			
2. DATE 0.8	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
3. FEC IDENTIFICAT	TION NUMBER	C C00452003		
4. IS THIS STATEME	ENT X NEW (N) OR	AMENDED (A)		
I certify that I have examin	ed this Statement and to the best of my know	wledge and belief it is true, correct a	and complete	
Type or Print Name of T	reasurer Mr. Arnie Hedern	nan		
Signature of Treasurer	Electronically Filed by Mr. Arnie I	Hederman	Date 08 / D D / Y	^Y 2 0 0 8
NOTE: Submission of fals	e, erroneous, or incomplete information may	v subject the person signing this Sta		
Office Use Only FE3AN042.PDF		For further information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100		

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5.	TYPE OF CO	OMMITTEE (Check One) Committee:					
	(a)	This committee is a principal campaign committee. (Complete the candidate information below.)					
	(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete information below.)	the candidate				
	Name of Candidate						
	Candidate Party Affiliati	on Office Sought: House Senate President	State District				
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.					
	Name of Candidate						
	Party Comm						
	(d)	(National, State This committee is a (or subordinate) committee of the	(Democratic, Republican,etc.) Party.				
	Political Action Committee (PAC):						
	(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	ted organization is a:				
		Corporation Corporation w/o Capital Stock	Labor Organization				
		Membership Organization Trade Association	Cooperative				
	(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)					
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)					
	Joint Fundra	aising Representative:					
	(g) X	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political				
	(h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.						
	Com	mittees Participating in Joint Fundraiser					
		Wicker for Senate 1. FEC ID number C C0044	43218				
		2. The Mississippi Republican Party 2. FEC ID number C C0000	34368				
		3. FEC ID number					
		4. FEC ID number					
		FEC ID number C	, , , ,				

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W	rite or Type Committee Name				
	Wicker Mississippi Victo	ory Committee			
6.	Name of Any Connected Org	ganization, Affiliated Committee,	Leadership PAC Sponsor or Jo	oint Fundra	ising Representative
	Wicker for Senate	1 1 1 1 1 1 1 1 1 1 1			
		<u> </u>		<u> </u>	1 1 1 1 1 1 1 1 1
	Mailing Address	P.O. Box 64		1 1 1 1	
		Jackson		MS	39205
		CITY▲	зт	ATE 🛕	ZIP CODE
	Relationship:				
	Connected Organization	X Affiliated Committee	Leadership PAC Sponsor	Joi	nt Fundraising Representative
7.	Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records. Full Name Mailing Address 825 N President Street				the person in
		Jackson		MS .	39202
	Title or Position ▼ Treasurer	CITY A	ST Telephone number	TATE ▲ 601	ZIP CODE 1
8.	Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).				
	Full Name of Treasurer Mr. Arnie Hederman				
	Mailing Address	825 N President Street			
		Jackson		MS	39202
	Title or Position ♥	CITY A	รา	TATE ▲	ZIP CODE A
	Treasurer		. Telephone number	_, 601	_ 941 _ 0094
			i eleptione number	-	_

Full Name of Designated Agent Mailing Address	
Mailing Address	
Title or Position ♥ CITY ▲ STATE ▲ ZIP C	ODE A
Telephone number –	. –
 Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts safety deposit boxes or maintains funds. Name of Bank, Depository, etc. Community Bank	, rents
Mailing Address P.O. Box 320849	
Flowood MS 39232	2
	CODE A
CITY △ STATE △ ZIP C	
CITY △ STATE △ ZIP C	CODE A
CITY A STATE A ZIP C Name of Bank, Depository, etc.	CODE A
CITY A STATE A ZIP C Name of Bank, Depository, etc.	CODE A

Banks or Other Depositories: safety deposit boxes or maintains	List all banks or other depositories in which the committee funds	he committee deposits funds, holds accounts, rents			
Name of Bank, Depository, etc.			[ADDITIONAL]		
Mailing Address					
L					
	CITY 🛕	STATE ⊿	ZIP CODE 🛕		
Name of Any Connected Organ	nization, Affiliated Committee, Leadership PAC Sponsor	or Joint Fundrais	[ADDITIONAL] ing Representative		
The Mississippi Republic	an Party				
Mailing Address	P.O. Box 60				
	Jackson	MS	39205 		
Relationship:	CITY▲	STATE A	ZIP CODE		
Connected Organization	X Affiliated Committee Leadership PAC Sponsor	Joint Fun	draising Representative		
Designated Agent			[ADDITIONAL]		
Full Name					
Mailing Address					
			=		
Title or Position ▼	CITY A	STATE ▲	ZIP CODE A		
	Telephone r	number			
Joint Fundraiser Participant			[ADDITIONAL]		
	FEC II	number C			